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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**RESPONSE TO THE JULY 27, 2005 OFFICE ACTION**

APPLICANT: Frank Relsinger CONFIRMATION NO. 4348
SERIAL NO.: 09/340,782 GROUP ART UNIT: 3621
FILED: June 28, 1999 EXAMINER: Cristina D. Sherr
TITLE: "METHOD FOR THE DEPENDABLE TRANSMISSION
SERVICE DATA TO A TERMINAL EQUIPMENT AND
ARRANGEMENT FOR IMPLEMENTING THE METHOD"

MAIL STOP AF

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

S I R:

Applicant and his counsel have carefully reviewed the Office Action dated July 27, 2005, but believe the claims in their present form are patentable over the teachings of the reference relied upon by the Examiner. Reconsideration of the application in view of the following arguments in support of patentability is therefore respectfully requested.

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FACSIMILE TRANSMITTAL SHEET

SCHIFF HARDIN LLP

A Limited Liability Partnership Including Professional Corporations
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CLIENT/MATTER NO.: 26988-0041

DATE: Monday, September 12, 2005 02:58:18 PM

TO THE FOLLOWING:

NAME: Examiner Christina O. Sherr

COMPANY: USPTO

FACSIMILE NO.: 1 571 273 8300

COMPANY NO.:

FROM: Steven H. Noll

DIRECT DIAL NO.: 312.258.4968

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COMMENTS:

P99,1032 Frank Reisinger Response to the 07/27/05 Office Action
09/340,782

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PATENT DEPARTMENT

6600 SEARS TOWER

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CHICAGO, ILLINOIS 60608

IN RE APPLICATION OF:

Frank Reisinger

GROUP ART UNIT: 3621

SERIAL NO.:

09/340,782

EXAMINER: Christina O. Sherr

FILED:

June 28, 1999

CONFIRMATION NO.: 4346

TITLE: "METHOD FOR THE DEPENDABLE TRANSMISSION SERVICE DATA TO A TERMINAL
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RESPONSE TO THE JULY 27, 2005 OFFICE ACTION

MAIL STOP AF

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	*	MINUS	**20	X 18	() X 259.00 () X 50.00	
INDEP. CLAIMS	*	MINUS	3	X	() X 100.00 () X 200.00	
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$180.00 () \$360.00 ONE TIME	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 2.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$_____ is attached.

☐ A check for \$_____ accompanying IDS under 37 CFR 1.97(c) is attached

☐ A check for \$_____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN LLP (Customer Number: 16574)

BY Steven H. Noll (28.982)I hereby certify this correspondence is being transmitted by facsimile on September 12, 2005 by transmittal to telefax no. (312) 273-8300.Steven H. Noll
NAME OF APPLICANT'S ATTORNEY

SIGNATURE

September 12, 2005

DATE

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PATENT DEPARTMENT

6600 SEARS TOWER

213 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

IN RE APPLICATION OF: Frank Reisinger

GROUP ART UNIT: 3621

SERIAL NO.: 09/340,782

EXAMINER: Christina O. Short

FILED: June 28, 1999

CONFIRMATION NO.: 4346

TITLE: "METHOD FOR THE DEPENDABLE TRANSMISSION SERVICE DATA TO A TERMINAL EQUIPMENT AND ARRANGEMENT FOR IMPLEMENTING THE METHOD"

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Alexandria, VA 22313-1450

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CLAIMS AS AMENDED						
	(3) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	*	MINUS	**20	X 18	() X 259.00 () X 50.00	
INDEP. CLAIMS	*	MINUS	3	X	() X 100.00 () X 200.00	
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$180.00 () \$360.00 ONE TIME	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$00

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SCHIFF HARDIN LLP (Customer Number: 26574)

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Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

Steven H. Noll

SIGNATURE

September 12, 2005

DATE